



## STATE OF NEW HAMPSHIRE

21 S FRUIT ST STE. 16  
CONCORD NH 03301-2431

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323

Nurse Asst. 603-271-6282

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### **Criminal Background/F.B.I. Finger Printing**

LPN's, RN's, ARNP's and LNA's that are applying for **original licensure** in the state of N.H. are required to complete the F.B.I. finger printing/criminal background check process.

The fees for the inked finger printing process are now \$51.50 **plus** the fee required by the police station that completes the actual finger printing. All inked finger printing **must** be completed on F.B.I. finger print cards from our office. The completed fingerprint cards, filled out completely (as shown on the sample card printed on the back of this notice), completed and notarized criminal background check form and check or money order of \$51.50 made out to "State of N.H. Criminal Records" are mailed to- The N.H. Board of Nursing, 21 South Fruit Street, Suite #16, Concord, NH 03301. Once the documents are **received** at the N.H. Board of Nursing the results of the inked finger printing process can take **approximately 8 weeks (if the prints are accepted.)** If the prints are rejected (due to poor print quality) resubmission is required.

Live scan finger printing done at police stations **within** the state of N.H. (this does **NOT** apply to live scans done at the N.H. State Police) must complete the following- The applicant must bring a criminal background form from the N.H. Board of Nursing (which can be downloaded off of our website at [WWW.state.nh.us/nursing](http://WWW.state.nh.us/nursing).) This form must be filled out completely and notarized before arriving at the police station. The applicant will pay \$16.50 for the F.B.I. finger printing **PLUS** what ever processing fee that police station charges to complete the finger printing. The applicant must then receive a live scan tracking number on that criminal background check form from the police station and mail that form along with a \$25.00 check made out "State of N.H. Criminal Records" to the N.H. Board of Nursing at 21 South Fruit Street, Suite #16, Concord, N.H. 03301. The police station will send the live scan finger prints along with the check for \$16.50 to the N.H. State Police. Once the Criminal background check form and the \$25.00 check is received at the N.H. Board of Nursing it will be processed and then sent to the N.H. State Police. **A live scan performed out of state MUST** be completed on cards from our office and sent with a criminal background check (filled out and notarized) and payment of \$51.50 made out to "State of N.H. Criminal Records" to the N.H. Board of Nursing.

#### **RECOMMENDED PROCESS**

Applicants that choose to complete the live scan finger printing process at the **N.H. State Police in Concord, NH** may do so by calling **(603)-223-3867** to schedule an appointment. Applicants do not need F.B.I. finger print cards **if** the live scan is completed at the N.H. State Police. **Applicants must bring a completed and notarized criminal background check form** at the time of their appointment. The criminal background check form **must** come from the N.H. Board of Nursing (this form may be down loaded from our web site listed above.) The results of this process take **approximately 2 weeks** from the time the process is completed at the N.H. State Police.

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME MI MIDDLE NAME LE

LEAVE BLANK

FBI

SIGNATURE OF PERSON FINGERPRINTED

MUST BE COMPLETED

RESIDENCE OF PERSON FINGERPRINTED

MUST BE COMPLETED

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

MUST BE COMPLETED

EMPLOYER AND ADDRESS

MUST BE COMPLETED

REASON FINGERPRINTED

MUST BE COMPLETED

ALIASES AKA

IF APPLICABLE

CITIZENSHIP CUZ

MUST COMPLETE

YOUR NO. OCA

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

COMPLETE

MISCELLANEOUS NO. MNU

O

R

I

NHNSP0800

SPOI

CONCORD, NH

DATE OF BIRTH DOB

COMPLETE

PLACE OF BIRTH POB

HAS

EYES

WGT

HGT

RACE

SEX

ALL BOXES MUST BE COMPLETED

LEAVE BLANK

SAMPLE

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

R. THUMB

L. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
Central Repository for Criminal Records  
33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BOARD OF NURSING RECORD INFORMATION AUTHORIZATION

**BOARD OF NURSING NH RSA 326-B:15**

☐ LIVESCAN - \$41.50 -or- ☐ INKED - \$51.50  
*must select one*

**SECTION I**

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME \_\_\_\_\_  
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to NH RSA 641:3

**SECTION II**

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

**ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

**NEW HAMPSHIRE BOARD OF NURSING**

NAME OF PERSON / FIRM TO RECEIVE RECORD \_\_\_\_\_

ADDRESS 21 South Fruit Street, Suite 16, CONCORD NH 03301  
STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Affix Seal) (Comm. Exp.)

NH Board of Nursing \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

**NOTE: Make checks payable to: State of NH – Criminal Records.**

☐ Applicant fingerprint card must be submitted at the same time as payment and this form.